

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/500847	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			/				51	
2			/				52	
3			/				53	
4			/				54	
5			/				55	
6			/				56	
7			/				57	
8			/				58	
9			/				59	
10			/				60	
11			/				61	
12			/				62	
13			/				63	
14			/				64	
15			/				65	
16			/				66	
17			/				67	
18			/				68	
19			/				69	
20			/				70	
21			/				71	
22			/				72	
23			/				73	
24			/				74	
25			/				75	
26			/				76	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.		↓	2	↓		↓	TOTAL IND.	↓
TOTAL DEP.		←	26	←		←	TOTAL DEP.	←
TOTAL CLAIMS			28				TOTAL CLAIMS	

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